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I hereby certify that the attached RCE Transmittal with accompanying amendment is being transmitted by facsimile to Examiner Lina Yang at the Patent and Trademark Office (Phone No. (571) 273-8300) on the date shown below. (Total pages transmitted is 3-including this one).

Date: January 23, 2006


Jennifer AbernathyPATENT APPLICATION
Attorney's Do. No.8371-143

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Srinivas Kandala	Confirmation No.	8998
Serial No.	09/995,296	Examiner:	Lina Yang
Filed:	November 27, 2001	Group Art Unit:	2665
For:	DEVICES, SOFTWARES AND METHODS FOR ADVANCING SCHEDULING OF NEXT CONTENTION SESSION UPON PREMATURE TERMINATION OF CONTENTION FREE EXCHANGE		

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. ☒ Previously submitted:☐ Consider the amendment(s) reply under 37 C.F.R. §1.116 previously filed on _____.☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.☒ Other: as an Amendment after Final on January 23, 2006b. ☐ Enclosed is:☐ Amendment/Reply☐ Affidavit(s)/Declaration(s)

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☐ Information Disclosure Statement (IDS)☐ Other**2. Miscellaneous**☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).☐ Other:**3. Fees:** (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)☒ RCE fee required under 37 C.F.R. § 1.17(e)☐ \$395 small entity☒ \$790 large entity


CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	36	-36*		0 x \$50 =	\$0.00
Independent Claims	8	-8**		0 x \$200 =	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

☒ PTO Form 2038 authorizing credit card payment is attached.☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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